

Pre-Proposal Conference Minutes  
Wednesday, June 15, 2016 – 9:00 AM

“Pharmacy Management Services”  
OPASS 17-17110  
eMM# MDM0031027207

Queen Davis, introduction and overview of the procurement process

When a question is asked, state the name of the company before asking.

Overview of procurement process provided by Queen:

“Good morning, my name is Queen Davis from the Office of Procurement and Support Services, OPASS for short, and I am here to help you understand the process for this procurement. The Department of Health and Mental Hygiene is issuing this Request for Proposals (RFP) to provide acquisition and deployment of a turnkey, commercial off-the-shelf (COTS) pharmacy management system for the in-house pharmacies at the inpatient facilities run by DHMH. The pharmacy management system will replace the legacy pharmacy management system in these facilities and it will interface with the existing hospital management system (HMIS) for patient admissions/discharges and other patient demographic information. The new pharmacy management system will support all the functions of the in-house pharmacies. The Department intends to make a single award as a result of this RFP.

There is a sign-in sheet available for you. It is very important that everyone sign in so if there is a need to contact you as a result of this meeting, we will be able to do so more easily. Feel free to leave your business cards with us.

The contract resulting from this solicitation will be for one (1) year from the Effective Date. The State, at its sole option and discretion, may renew the term of the Contract through two (2) additional one-year renewal options for a total potential Contract length of up to three (3) years.

Carefully review **Section 1 – General Information** beginning with page 8 of the RFP. This section lists important information related solicitation process for this procurement.

All subsequent documentation regarding this solicitation will be posted on eMarylandMarketplace ([www.eMaryland.buyspeed.com/bso](http://www.eMaryland.buyspeed.com/bso)) and DHMH procurement ([www.dhmf.maryland.gov/opass/SitePages/Home.aspx](http://www.dhmf.maryland.gov/opass/SitePages/Home.aspx)) websites. Please remember that in order to receive a contract award, a vendor must be “registered” on eMM. Registration is free. Review **Subsection 1.8** on page 14 for details.

I would like to stress to everyone today that when we get to the Q/A portion of this meeting, we ask that everyone who asks a question will also submit that same question to the Department in writing for clarity purposes. The Q/As along with the Minutes and other documents will be posted to eMM and DHMH websites as quickly as possible. The Department has received some questions prior to this

conference and have provided those questions with responses next to the sign-in sheet. The Program will go over those questions during their overview shortly.

Carefully review Subsection 1.9 – Questions on page 14 regarding how to submit questions subsequent to this Pre-proposal Conference. Questions to myself, with a copy to the Procurement Coordinator shall be submitted via [dhmh.solicitationquestions@maryland.gov](mailto:dhmh.solicitationquestions@maryland.gov). Questions should be submitted no later than five (5) days prior to the proposal due date. I, based on the availability of time to research and communicate an answer, shall decide whether an answer can be given before the proposal due date. So try to get any questions to us ASAP.

Again, the contract resulting from this solicitation will be in effect for one (1) year beginning on or about **January 1, 2017 and ending December 31, 2018**.

1. **POINTS TO EMPHASIZE:**

- A. The Procurement Method used for this solicitation is **Competitive Sealed Proposals**. There are several steps involved in this method so your attention to the solicitation document is crucial to the successful submission of your proposal.
- B. The **Offeror Minimum Qualifications** are listed in Section 2 – subsection 2.1 on page 25. As noted, the Offeror must provide proof with its proposal that the minimum qualifications have been met.
- C. The **Scope of Work – Background and Purpose** begins in Section 3 – subsection 3.1 – 3.2 beginning on pages 26. This subsection gives an outline of the responsibilities of the contractor.
- D. The **Scope of Work – General Requirements** listed in subsection 3.3, begins on page 28. This section will give you a clear understanding of what the Department expects of the successful Offeror in the provision of the services.
- E. **PROPOSAL FORMAT**  
Offerors are required to submit their responses to the RFP in two parts. **Section 4 – PROPOSAL FORMAT** (beginning on page 39) clearly lists all submission requirements.
  - Your proposals shall be submitted in separate volumes:  
Volume I – Technical Proposal (separately sealed).

Volume II – Financial Proposal (separately sealed)

**Subsection 4.2 - Proposals (page 45):**

Volume I – Technical Proposal lists all of the documents and information required with your Technical Proposal.

**Provide no pricing information in the Technical Proposal.**

- F. To simplify the submission, Subsection 4.4 – The Technical Proposal (page 40) - shows where documents and information should be included in the Technical Proposal.

**Section 4.3 - Volume II – Financial Proposal (page 51):**

The Financial Proposal Instructions can be found on page 88 – Attachment F. Please submit pricing information in the Financial Proposal Price Sheet Excel spreadsheet included as a separate document. (DHMH\_Pharmacy\_Attachment\_F\_PriceSheet.xls).

- G. The **Evaluation Committee, Evaluation Criteria and Selection Procedure** are outlined in Section 5 (beginning on page 53). Your proposals will be evaluated by a committee organized for that purpose and will be based on the criteria set forth in the RFP.

The **Technical Criteria**, listed in descending order of importance, can be found in Subsection 5.2. (page 53) with the **Financial Criteria** listed in Subsection 5.3 (page 53).

The **Selection Procedure** is highlighted in Subsection 5.5 (page 54 - 55). As noted, the contract will be awarded to the responsible Offeror that submitted the Proposal determined to be the most advantageous to the State. In making this most advantageous Proposal determination, technical factors will receive greater weight than financial factors.

**Documents Required Upon Notice of Recommendation for Contract Award** is listed in Section 5.6 (page 55)

- H. Other than composing your technical and financial proposals, the most important matter is to get your proposals to us by the date, time, and location listed. Your proposals are due no later than **Wednesday, July 6, 2016 @ 2:00 pm**. Please note that email submission of proposals is preferred. The email address for receipt of proposals is listed on the Key Information Summary Sheet. Also, see subsections 4.4 and 4.5 for detailed delivery information. **No proposals will be accepted after 2:00 p.m. of the due date of July 6, 2016.**

Please remember that after this Pre-Proposal Conference prospective Offerors may have questions answered that may help them understand the RFP, etc. Just keep in mind that the answers to your questions, if they are significant in nature, shall be posted on the eMM and DHMH websites. Therefore, please allow sufficient time for this to occur.

If you have any comments/questions about the procurement process, please contact me at 410.767.5335. Again, my email address is [dhmh.solicitationquestions@maryland.gov](mailto:dhmh.solicitationquestions@maryland.gov).

Good Luck!!!”

Out of state vendors require a resident agent and to be registered with eMaryland. The phone number is 410-767-1330 for State Department of Assessments and Taxation Corporate Charter section. Their address is 301 W. Preston St., Baltimore, MD 21201.

Overview of the RFP from David Lashar, CIO

David thanks everyone working on the RFP and Governor Larry Hogan for his support of the project. The process does seem overwhelming and the RFP is lengthy. David wants vendors not to be overwhelmed. David was CIO for Remedi SeniorCare, 4<sup>th</sup> largest LTC pharmacy in the US, also was a partner at IBM, selling and delivering solutions.

DHMH will be very responsive to questions, we're aware of the fact that some provisions that need to be in the RFP may be objectionable. Some may be negotiable; some are statute and cannot be changed. We are going to move quickly to get the best solution at the best price. The pharmacies will be helpful and supportive of the implementation of the software. The Deputy Secretary and Secretary of DHMH are committed to good governance.

July 6 is an aggressive deadline; it will not be extended unless a reasonable timeframe is proposed by vendors. We are committed to a January 1, 2017 start.

Queen Davis is the point of contact for questions.

Kathy – Brief overview of the functionality

There are 4 State psychiatric hospitals, they operate as typical long term care pharmacy settings. ADT is taken upon admission, connects to the current HMIS pharmacy, scripts are written and faxed to pharmacy. The pharmacy then fills cassettes and sending them to units. We want to buy all the functionality, get the systems in place by January and then roll out the rest of the functionality (CPOE and MARS) when possible. Unit dose system, the requirements here within the State for these hospitals and RFP are not "special" and any industry standard package should meet the requirements.

Questions that were emailed and verbally answered by Kathy:

1. Is any outpatient functionality required other than LOA? - There is a need to fill orders in 30 day quantities for some self-med patients. These medications are placed in vials, just like you would get at a retail pharmacy. There is also an occasional need to fill an order for a patient who has been discharged. These are the only outpatient functionalities, other than Leave of Absence.
2. Is Physician Order Entry intended to be made directly into pharmacy system by a physician or via an EHR System? The State does not have an EHR for the psychiatric hospitals at this time, so the Physician Order Entry would be made directly through the Pharmacy Management System. The State intends to implement an EHR at some point in the future, but it has not set a timetable for that project.
3. If directly into Pharmacy System, does the Pharmacy System provide CPOE for all the other departments (Lab, Radiology, etc.) The State hospitals do not have on-site labs or radiology departments, but DHMH would like the new Pharmacy Management System to provide the capability for physicians to enter non-medication orders that would be included on the Administration Records. The non-medication orders do not need to communicate with another department's system.
4. Do external interfaces all utilize HL7 for communication? (ADT, Lab, EHR, etc.) If not, what is the protocol? There is an automated packaging system at one of the pharmacies and it receives communications via HL7 messages. The new Pharmacy Management System should communicate with packaging systems and one or more EHRs via standard healthcare communication protocols, such as HL7 or FHIR.
5. What is your definition of the following:
  - Facility: Is this basically a hospital? A facility is one of the four State psychiatric hospitals or one of the two SETT Facilities. The SETT Facilities are physically located in one wing of a hospital, but they are run as separate programs, have different types of patients and have

different billing requirements. Therefore, in the Pharmacy Management System, they need to be differentiated from the rest of the hospital in which they are located.

- Pharmacy: Does this imply a central pharmacy for a facility, as well as satellite pharmacies? If satellite pharmacy, to what degree is the formulary of the satellite pharmacy tied to the formulary of the central pharmacy? Each of the four State psychiatric hospitals included in this RFP have one in-house pharmacy with one location. Each pharmacy is independent and should have its own formulary, even though all four are subject to the same State procurement rules. The Directors at each hospital set the formulary. Please note that the Springfield Hospital pharmacy fills orders for the Springfield Hospital and the two SETT facilities.

- Unit. Is this just a subset of all the beds in a facility? Yes. A Unit is a subsection of the facility, such as one hall or wing. Each of the pharmacies fills orders for a different set of Units each day. For example, the pharmacy may fill existing orders for Units A, B and C on Mondays and Thursdays, and all the existing orders for Units D and E on Tuesdays and Fridays. On each time they fill existing orders, they fill 3-7 days' worth of medications depending on the day and the unit. New orders are filled as soon as they are received.

6. Will each facility have its own database or do all databases need to be integrated into one database? DHMH needs to be able to separate the information by pharmacy, but have centralized reporting. DHMH would prefer that all the information be maintained in one database, if possible.

David Lasher added: DHMH is looking for the Offerors to tell us how they would recommend meeting our requirements. We have identified the "what" we need done, but look to the Offerors to tell us the "how".

7. Regarding item 17.5 in Appendix 5, is there a finite list of these automated packaging devices? This is the only automated packaging device the State currently has, however, the new Pharmacy Management System should be able to communicate with other machines that use standard healthcare communication protocols in case the State acquires other machines in the future.

8. Will our eMAR module be needed? (initially, later, or not at all) At a minimum, DHMH wants to be able to print the MARs from the Pharmacy Management System. The functionality to enter the Physician Orders and print the MARs should be included now. DHMH might want to upgrade to electronic MARs at some point in the future.

Questions from meeting participants:

Denise Cushaney, Netsmart

Springfield dispenses for the 2 other facilities; they have 1 pharmacy license inpatient and will need 1 license. Springfield pharmacy dispenses to Springfield and the 2 SETT units.

Does the financial proposal need to include the services' fees for Phase 2: CPOE and MARS? Cost proposals need the licensing fees but not the services fees. We are purchasing all functionality now, but not the implementation services.

Phase two is anticipated when? Not doing it right now to get the pharmacy management system installed quickly. Phase two is going to take much more training. Pharmacists training will take less time

than the nurses and physicians. Also need more hardware for Phase 2. We can't guarantee when Phase 2 implementation is starting.

Anticipated timing for oral presentation? Queen isn't sure when they will be yet, but vendors will be given ample time to prepare.

Question from phone participant – Page 123 – Patient is admitted through the existing HMIS ADT module which will feed into the new pharmacy management system.

Question from phone participant – Should vendors include hardware pricing? No, we want the vendor to tell us which specs for the hardware needed, but not to include in the pricing. DHMH will buy the hardware separately through other State contracts.

Self-hosted in our data center. Open to proposals for a SaaS model. The expectation is that we will be hosting ourselves. Vendors can propose a SaaS model if they wish.

David suggests the vendors include their assumptions in the proposal and give information based on those assumptions for the proposal.

Question from phone participant, Tom, WinPharm – Question on the non-visual access in a pharmacy. Per David, that requirement is not statutory. Vendor should state their objection to non-visual access.

Please submit questions to Queen in writing.

Meeting adjourned 9:48 AM.

## **Attendees**

### **DHMH**

Queen Davis, DHMH, OPASS

Dana Dembrow, DHMH, OPASS

Kathy Nellius, DHMH, OIT

David Lashar, DHMH, OIT

Taylor Grammick, DHMH, OIT

Arthur Blumenthal, DHMH, OIT

Phil Hemler, DHMH, OIT

Ernest Ezis, DHMH, OIT

Chelsea Bednarczyk, DHMH, BHA

Fiona Ewan, DHMH, BHA

Marie Mackowick, DHMH, Perkins Hospital Center Pharmacist

Michele Thomas, DHMH, Springfield Hospital Center Pharmacist

### **Definition of DHMH Departmental Abbreviations:**

OPASS – Office of Procurement and Support Services

OIT – Office of Information Technology

BHA – Behavioral Health Administration (State psychiatric hospitals are under this Administration)

## **Vendors**

Denise Cushaney, Netsmart

Jason Struhm, Cerner  
John Frail, BDM IT Solutions  
Sierra Belda-Rollocks, BDM IT Solutions  
David Beckwith, Medware  
Tom Floyd, Interactive Business Systems (WinPharm)  
Andrew Krosofsky, Meta IT Care Solutions  
Heather Martin, Softwriters  
Jay Walker, Gantech  
Sean Thompson, McKesson Pharmacy Management System  
iCube System  
Eden Hewitt, QS/1